

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)
01-117



In re Application of **Aoki et al.**

Application Number **09/804,475**

Filed: **3/13/2001**

For **WIRELESS COMMUNICATION SYSTEM, FIXED BASE STATION AND MOBILE TERMINAL STATION**

Group Art Unit
2686

Examiner **Nghi H. LY**

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- | | | |
|-------------------------------------|---|-------------------|
| <input checked="" type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$ <u>110.00</u> |
| <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$ <u>430.00</u> |
| <input type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$ <u>980.00</u> |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$ <u>1530.00</u> |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$ <u>2080.00</u> |
| <input type="checkbox"/> | Applicant is a small entity under 37 CFR 1.9 and 1.27, therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____. | |

A small entity statement under 37 CFR 1.27:

- ☐ is enclosed.
- ☐ has already been filed in this application.
- ☒ A check in the amount of the fee is enclosed.
- ☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account
- Number **50-1147**. I have enclosed a duplicate copy of this sheet.

I am the

- ☐ assignee of record of the entire interest.
- ☐ applicant.
- ☒ attorney or agent of record.
- ☐ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). _____

5 October 2004
Date

Signature

CYNTHIA K. NICHOLSON (Reg. No. 36,880)

Typed or printed name

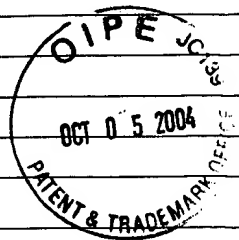
FEE TRANSMITTAL for FY 2005

Complete if Known

Application Number **09/804,475**
Filing Date **3/13/2001**
First Named Inventor **Aoki**
Examiner Name **Nghi H. LY**
Group/Art Unit **2686**
Attorney Docket No. **01-117**

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ **286**)



METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☐ Deposit Account

Deposit Account Number
Deposit Account Name

50-1147

POSZ & BETHARDS, PLC

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1001	790	2001	395
1002	350	2002	175
1003	550	2003	275
1004	790	2004	395
1005	160	2005	80

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
39	-44**= 0	18	
6	-4**= 2	88	176

Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	88	2201	44	Independent claims in excess of 3
1203	300	2203	150	Multiple dependent claim, if not paid
1204	88	2204	44	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ **176**)

** or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	430	2252	215
1253	980	2253	490
1254	1,530	2254	765
1255	2,080	2255	1040
1401	340	2401	170
1402	340	2402	170
1403	300	2403	150
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,370	2453	685
1501	1,370	2501	685
1502	490	2502	245
1503	660	2503	330
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	790	2809	395
1810	790	2810	395
1801	790	2801	395
1802	900	1802	900

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ **110**)

SUBMITTED BY

Name (Print/Type) **CYNTHIA K. NICHOLSON**

Signature

Cynthia K. Nicholson

Registration No. (Attorney/Agent) **36,880**

Complete (if applicable)

Telephone **(703) 707-9110**

Date **5 October 2004**